

Case Number:	CM13-0056744		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2000
Decision Date:	04/15/2015	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old female injured worker who has reported widespread pain after an injury on June 28, 2000. The diagnoses have included lumbar radiculopathy, lumbar fusion, cervical radiculopathy, headaches, cervical fusion and chronic pain. Treatment to date has included diagnostic studies and medications. Treatments have included spine surgeries, electrical stimulation, physical therapy, and medications. Periodic reports during 2013 from the primary treating physician reflect ongoing pain which is relieved by unspecified medications. The only listed indication for a proton pump inhibitor is "medication-related dyspepsia" and gastrointestinal upset with medications. None of the reports address the patient-specific and medication-specific patterns of use and results of use over time. No reports have a work status documented. Each report has much of the same information. The ongoing medications prescribed chronically are those under Independent Medical Review. On October 18, 2013, there was low back pain that radiated to the lower extremities and neck pain that radiated to the upper extremities. Pain was 4/10 with medications and 7/10 without medications. Self-care/hygiene, activity and hand function were limited [no details given]. Oswestry disability was "moderate". Medications were refilled. There was no work status. On November 4, 2013 Utilization Review non-certified Pantoprazole 20mg #60, Senna/docusate 50/8.6mg #90, Hydrocodone bit/acetaminophen 10/325mg #120, Butalbital/acetaminophen/caffeine 50/325/40mg #60, Fentanyl 25mcg/hr #10 and Tizanidine 4mg #120. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PANTOPRAZOLE 20 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No NSAID was listed as a current medication. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms (as suggested by the physician), the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of even minimal attempts to adjust medications. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Pantoprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

SENNA/DOCUSATE 50/8.6 MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] Page(s): 77.

Decision rationale: Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not medically necessary.

HYDROCODONE BIT/ACETAMINOPHEN 10/325 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There are no reports of any drug testing. The prescribing physician does not specifically address function with respect to prescribing opioids. The reports provide only the most generic and non-specific references to improvements in pain and function, with no discussion of the specific results of using this opioid. Work status is not addressed. The injured worker has may have failed the "return-to-work" criterion for opioids in the MTUS, and at minimum the treating physician should be addressing work status or its equivalent. The reported levels of disability are significant and do not reflect a good result of taking opioids. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated, only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

BUTALBITAL/ACETAMINOPHEN/CAFFEINE 50/325/40 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BCA's (barbiturate containing analgesic agents).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: The MTUS recommends against analgesics containing barbiturates. There are several significant, and negative, side effects. Other analgesics listed in the MTUS are available for treating chronic pain. There are no reports from the treating physician which address the specific benefits and ongoing medical necessity for this medication. The barbiturate-containing analgesic in this case is not certified based on the MTUS.

FENTANYL 25 MCG/HR #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic fentanyl transdermal system.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There are no reports of any drug testing. The prescribing physician

does not specifically address function with respect to prescribing opioids. The reports provide only the most generic and non-specific references to improvements in pain and function, with no discussion of the specific results of using this opioid. Work status is not addressed. The injured worker has may have failed the "return-to-work" criterion for opioids in the MTUS, and at minimum the treating physician should be addressing work status or its equivalent. The reported levels of disability are significant and do not reflect a good result of taking opioids. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. The Official Disability Guidelines recommend against fentanyl for musculoskeletal pain. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and the Official Disability Guidelines, and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated, only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS

TIZANIDINE 4 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation ODG Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months or more. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The reports do not contain any patient-specific information about the use of this drug. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that LFTs are monitored. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.